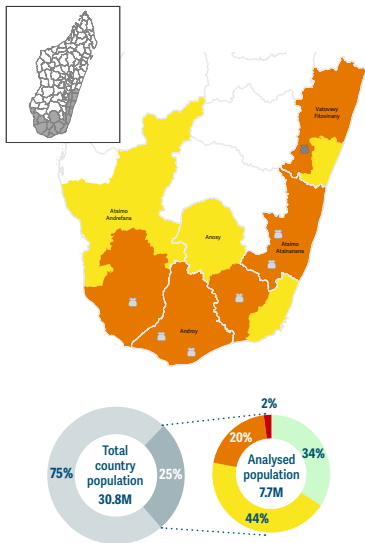


ACUTE FOOD INSECURITY | Households' slow recovery from recurrent shocks was exacerbated by El Niño and Cyclone Gamane.

PEAK 2024 (FEBRUARY–APRIL)

1.7M people or 22% of the analysed population faced high levels of acute food insecurity during the lean season. Of them, **0.1M** were in Emergency (IPC Phase 4).

This represents a decrease in the magnitude and severity in comparison to the 2023 peak. The worst-affected districts were Ambovombe, Bekily and Ampanihy Ouest in the Grand Sud region, as well as the Befotaka and Nosy Varika districts in the Grand Sud-Est region.

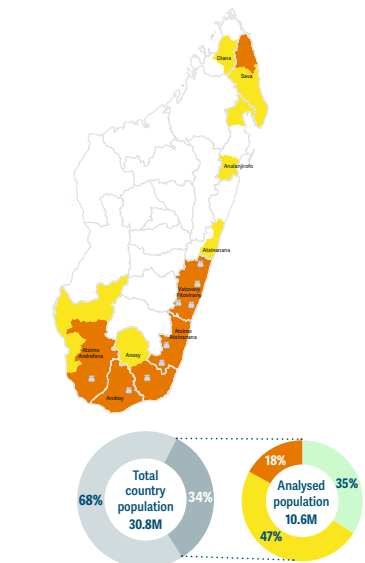


Source: Madagascar IPC TWG, January 2024.

PROJECTION 2025 (JANUARY–APRIL)

1.9M people or 18% of the analysed population are projected to face high levels of acute food insecurity. Additional regions in the east and north affected by Cyclone Gamane were analysed.

The districts of Ambovombe Androy, Amboasary, Ikongo and Nosy Varika in the Grand Sud and Grand Sud-Est, and Vohémar district in Nord, are projected to experience the most severe outcomes. No populations are projected in IPC Phase 4 during the lean season, for the first time since 2016.



Source: Madagascar IPC TWG, January 2025.

DRIVERS OF THE FOOD CRISIS 2024–2025

Weather extremes El Niño drove erratic rainfall and high temperatures that resulted in localized yield reductions in maize, roots, and tubers in southern Madagascar, which, in turn, led to an atypically early depletion of food stocks (FEWS NET, October 2024). In the east, El Niño caused flooding from the Maroantsetra to Taolagnaro districts, impacting harvests of cash crops like vanilla, cloves and coffee. These below-average harvests limited income for food purchases during the lean season (IPC, July 2024). Cyclone Gamane also brought heavy rains and flooding to northern Madagascar in March 2024 that destroyed critical infrastructure and crops, as well as temporarily displacing over 22 000 people (OCHA, May 2024).

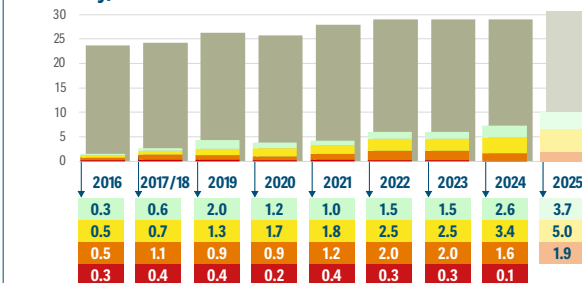
Economic shocks Income-earning opportunities were limited during the 2024 season, as demand for labour was low given that yields for many crops were below average (FEWS NET, October 2024). Many households in Grand Sud and Grand Sud-Est became market reliant before the start of the lean season when food prices were higher than normal. As a result of low incomes and high food prices, household purchasing power was constrained (IPC, July 2024).

DISPLACEMENT

1 200 refugees and asylum-seekers
11 700 IDPs

Source: UNHCR Nowcast estimate, December 2024. Source: IOM, May 2024.

Peak numbers of people (in millions) by phase of acute food insecurity, 2016–2025



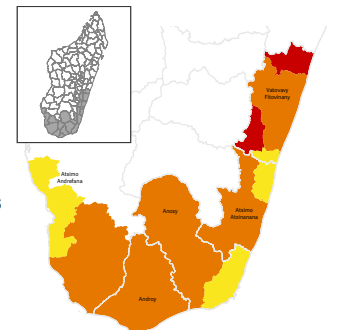
Source: Madagascar IPC TWG.

A protracted food crisis A low-income country, Madagascar has been included in all nine editions of the GRFC. The analyses have focused on the Grand Sud and Grand Sud-Est regions, which have been affected by recurrent drought and tropical cyclones that have severely impacted agricultural production and infrastructure. Humanitarian assistance in the Grand Sud averted the projected risk of Famine in 2021 and has resulted in a notable improvement in outcomes since the end of 2023.

NUTRITION CRISIS | The nutritional situation deteriorated, driven by inadequate diets and poor access to WASH and health services.

PEAK 2024 (FEBRUARY–APRIL)

Out of the 22 areas analysed in the Grand Sud and Grand Sud-Est, 18 were in Serious or worse (IPC AMN Phase 3 or above), with two in Critical (IPC AMN Phase 4). This is a deterioration since 2023. **Outlook 2025** The situation is expected to improve, with nine areas in IPC AMN Phase 3 or above and none in IPC AMN Phase 4 between January and April.



Source: Madagascar IPC TWG, January 2024.

ACUTE MALNUTRITION BURDEN (OCTOBER 2023–SEPTEMBER 2024)

0.5M children aged 6–59 months

0.03M pregnant and breastfeeding women

0.3M MAM **0.1M** SAM

Source: Madagascar IPC TWG, January 2024.

CONTRIBUTING FACTORS

A low proportion of children aged 6–23 months (up to 4 percent) consumed a minimum acceptable diet. The situation was slightly worse in the Grand Sud. Women had low dietary diversity, particularly during the lean season, with up to 5 percent meeting minimum dietary diversity (IPC, November 2024). A high proportion of infants with a low birth weight (19 percent) reflects the intergenerational cycle of malnutrition (WHO, 2024).

Poor access to improved sanitation facilities and safe drinking water contributed to communicable disease outbreaks. Household access to improved water sources ranged from 14 to 61 percent, and to improved sanitation from 3 to

62 percent, both lowest in the Grand Sud. Open defecation was prevalent. Up to 34 percent of children aged 6–59 months had malaria, diarrhoea or acute respiratory infections in the two weeks before the survey, with highest levels in Ambovombe, Tsihombe and Ikongo districts (IPC, November 2024).

Access to healthcare and nutrition services were limited, particularly in remote areas in the Grand Sud-Est. Measles vaccination coverage was particularly low in Sakaraha, Nosy Varika and Betioky districts, at 30–36 percent. Vitamin A supplementation coverage was higher, but below 20 percent in two areas in the Grand Sud (IPC, November 2024).

1 - None/Minimal 2 - Stressed 3 - Crisis 4 - Emergency 5 - Catastrophe/Famine Population analysed Population not analysed Total population

At least 25% of households meet 25–50% of caloric needs from humanitarian food assistance

At least 25% of households meet >50% of caloric needs from humanitarian food assistance

1 - Acceptable 2 - Alert 3 - Serious 4 - Critical 5 - Extremely Critical

Not analysed Inadequate evidence

MUAC